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D.S. PTO

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UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

JOSEPH R CAPLETTE

Title

RODENT EUTHANASIA MACHINE

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages 5]
(preferred arrangement set forth below)
 - Descriptive title of the invention ✓
 - Cross Reference to Related Applications ✓
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention ✓
 - Brief Summary of the Invention ✓
 - Brief Description of the Drawings (if filed)
 - Detailed Description ✓
 - Claim(s) ✓
 - Abstract of the Disclosure ✓
- Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
- Oath or Declaration [Total Sheets 2]
 - a. Newly executed (original or copy) CONVERSATION
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. Paper
 - c. Statements verifying identity of above copies

031356 U.S. PTO
10/77269

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ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.:Prior application information: Examiner: Art Unit: _____
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

 Customer Number: JC 879 ? OR Correspondence address below

Name	JOSEPH R CAPLETTE		
Address	757 W NOPAL CIR		
City	MESA	State	AZ
Country	USA	Telephone	480-989-8158
Zip Code	85210		
Fax			

Name (Print/Type)	JOSEPH R CAPLETTE	Registration No. (Attorney/Agent)	
Signature	<u>Joseph R Caplette</u>	Date	2-4-04

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

385⁰⁰

Complete if Known

Application Number	60/1444872
Filing Date	2/5/03
First Named Inventor	JOSEPH R CAPLETTI
Examiner Name	
Art Unit	
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None

 Deposit Account:

Deposit Account Number

 Deposit Account Name

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Change any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	<input checked="" type="checkbox"/>
1002 340	2002 170	Design filing fee	<input type="checkbox"/>
1003 530	2003 265	Plant filing fee	<input type="checkbox"/>
1004 770	2004 385	Reissue filing fee	<input type="checkbox"/>
1005 160	2005 80	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)		(\$)	385

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>	-20** = <input type="text"/> X <input type="text"/> = <input type="checkbox"/>	<input type="checkbox"/>
Independent Claims	<input type="text"/>	- 3** = <input type="text"/> X <input type="text"/> = <input type="checkbox"/>	<input type="checkbox"/>
Multiple Dependent			<input type="checkbox"/>

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65	1051 65	2051 65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052 50	2052 25	1052 25	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	2053 130	1053 130	2053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	1812 2,520	1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>
1804 920*	1804 920*	1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="checkbox"/>
1805 1,840*	1805 1,840*	1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="checkbox"/>
1251 110	2251 55	1251 55	2251 55	Extension for reply within first month	<input type="checkbox"/>
1252 420	2252 210	1252 210	2252 210	Extension for reply within second month	<input type="checkbox"/>
1253 950	2253 475	1253 475	2253 475	Extension for reply within third month	<input type="checkbox"/>
1254 1,480	2254 740	1254 740	2254 740	Extension for reply within fourth month	<input type="checkbox"/>
1255 2,010	2255 1,005	1255 1,005	2255 1,005	Extension for reply within fifth month	<input type="checkbox"/>
1401 330	2401 165	1401 165	2401 165	Notice of Appeal	<input type="checkbox"/>
1402 330	2402 165	1402 165	2402 165	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 290	2403 145	1403 145	2403 145	Request for oral hearing	<input type="checkbox"/>
1451 1,510	1451 1,510	1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	2452 55	1452 55	2452 55	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,330	2453 665	1453 665	2453 665	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,330	2501 665	1501 665	2501 665	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 480	2502 240	1502 240	2502 240	Design issue fee	<input type="checkbox"/>
1503 640	2503 320	1503 320	2503 320	Plant issue fee	<input type="checkbox"/>
1460 130	1460 130	1460 130	1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	1807 50	1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="checkbox"/>
1806 180	1806 180	1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="checkbox"/>
8021 40	8021 40	8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809 770	2809 385	1809 385	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
1810 770	2810 385	1810 385	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	<input type="checkbox"/>
1801 770	2801 385	1801 385	2801 385	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	1802 900	1802 900	1802 900	Request for expedited examination of a design application	<input type="checkbox"/>

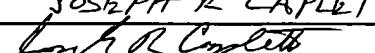
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	JOSEPH R CAPLETTI	Registration No. (Attorney/Agent)		Telephone	480-980-8158
Signature				Date	2/4/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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